

Anti-Diversion New Customer Set-Up Checklist			
Customer name:	Cabell Huntington Surgery Center - Ricardo Lorenzo Ramos		
DEA number:	AR2778845		
Address:	1201 Hal Greer Blvd, Huntington WV		
Account type:	Managed Care	Division:	8-Wheeling
Today's date:	5/3/2010	Region:	Central (Kim H.)
Checklist (check box) 1st Verification	Added	Checklist (check box) 2nd Verification	Reviewed
Compliance Statement	<input checked="" type="checkbox"/>	Compliance Statement	<input checked="" type="checkbox"/>
KYC Document	<input checked="" type="checkbox"/>	KYC Document	<input checked="" type="checkbox"/>
Website Research	<input checked="" type="checkbox"/>	Website Research	<input checked="" type="checkbox"/>
DEA License	<input checked="" type="checkbox"/>	DEA License	<input checked="" type="checkbox"/>
Pharmacist(s) License	<input checked="" type="checkbox"/>	Pharmacist(s) License	<input checked="" type="checkbox"/>
Technician(s) License	<input type="checkbox"/>	Technician(s) License	<input type="checkbox"/>
Dr. License (where applicable)	<input checked="" type="checkbox"/>	Dr. License (where applicable)	<input checked="" type="checkbox"/>
RN License (where applicable)	<input checked="" type="checkbox"/>	RN License (where applicable)	<input checked="" type="checkbox"/>
Google Map Location	<input checked="" type="checkbox"/>	Google Map Location	<input checked="" type="checkbox"/>
Photos (retail accounts only)	<input type="checkbox"/>	Photos (retail accounts only)	<input type="checkbox"/>
Ryan Haight Act Question	<input type="checkbox"/>	Ryan Haight Act Question	<input type="checkbox"/>
Contract Pricing Declaration/On-Site Verification Form	<input type="checkbox"/>	Contract Pricing Declaration/On-Site Verification Form	<input type="checkbox"/>
Comments: EDUARDO ALFREDO RIVAS-PARDO - No discipline but he does have some malpractice suites (6) RICARDO LORENZO RAMOS, M.D. - No discipline but he does have some malpractice suites (1) New DEA number due to phycisian is retiring sometime in the future. Please mirror account# 102522 with the exception of the DEA license.			

REVIEWED

By Tawney Hammond at 3:29 pm, May 03, 2010

 PLAINTIFFS TRIAL
 EXHIBIT
P-42101_00001

Red-Flag Checklist (check one box for each flag)**Retail Independent Questionnaires****Yes/No?**

The pharmacy, owner, and/or Pharmacist-In-Charge (PIC) had had a DEA registration or state pharmacy license suspended, revoked, or disciplined	Yes/No?
The pharmacy fills prescriptions for out-of-state patients	Yes/No?
The pharmacy fills prescriptions written by prescribers in other states	Yes/No?
The pharmacy is affiliated with other pharmacies or Internet web sites	Yes/No?
The pharmacy received more than 20% of their prescriptions via fax or internet	Yes/No?
The pharmacy received over 15% cash payments for prescriptions	Yes/No?
The pharmacy indicated that they do not have a front-end section	Yes/No?

Managed Care Questionnaires**Yes/No?**

Pharmacies or warehouses operated by the LTC/IS facility has had a DEA registration, state permit (pharmacy), or state controlled substance permit suspended, revoked or disciplined	
The Pharmacist-In-Charge (PIC) working at the pharmacy has ever had his/her license(s) suspended, revoked, or disciplined	Yes/No?
The organization fills new prescriptions and/or sells pharmaceuticals via the internet	Yes/No?
Internet prescriptions account for more than 30% of the total prescriptions	Yes/No?
If the % of non-injectable purchases are greater than the % of injectable purchases	Yes/No?
Phentermine is one of the top five most utilized controlled substances	Yes/No?

Hospital/Surgery Center Questionnaires**Yes/No?**

There is only one individual responsible for ordering, monitoring, and invoicing of products	No
Any of the DEA registrants (pharmacies, physicians, dentists, etc.) associated with the Hospital/Surgery Centers and acquiring drugs based on their DEA license has had a DEA registration, state permit (pharmacy), or state controlled substance permit suspended, revoked or disciplined	No
The Pharmacist-In-Charge (PIC) working in the Hospital pharmacy has ever had his/her license(s) suspended, revoked or disciplined	No
The organization fills new prescriptions and/or sells pharmaceuticals via the internet	No
Cash transactions conducted outside of the patient bill	No
If the % of non-injectable purchases are greater than the % of injectable purchases	No
Phentermine is one of top five most utilized controlled substances	No
The % of Hydrocodone and Oxycodone purchases account for 76% to 100% of all controlled substance purchases	No
Hospital/Surgery Center provides specialty services to a pain management clinic and/or weight loss clinic	No
There is no explanation for how often controlled substance usage analysis is conducted	No

Are any of the stated utilization quantities greater than small baseline thresholds for their particular business segment?	No
Comments: 75% injectables 25% non-injectables & only Hydro & Oxy	
Has this customer been reviewed with a Pharmacist?	No
Comments:	

Additional Comments / Observations:

They are a multi-specialty surgery center
do not dispense only give ordered medications while the patient is here in our facility.

Approved by:

Date:

APPROVED**By kim.howenstein at 3:35 pm, May 03, 2010**



Identification Information		[back]
Name	Dr. RICARDO LORENZO RAMOS Birth Date: 8/1949 Birth Place: HAVANA Birth Country:	
Practice	1340 Hal Greer Blvd Huntington, OH 25701	
Residence	HUNTINGTON, WV 25701 County: Out of State	
Professional Education	School: 649050-Faculty Of Medicine, University Of Guadalajara Graduated: 01/21/80	

License and Registration Information				
Credential	License Type	Initial Licensure Date	Expiration Date	Status
35.064580	Doctor of Medicine	01/14/1993	04/01/2012	ACTIVE
Specialties				
ANESTHESIOLOGY				
Specialty listings are voluntarily provided by the physician. They are not verified by the State Medical Board and do not confirm that the physician is Board certified by a professional specialty organization. To find out if a physician is certified by a specialty board, you should contact that board. Information and links to specialty boards can be found by clicking this green box.				

Formal Action Information
No formal action exists.

The above is an accurate representation of information currently maintained by the State Medical Board of Ohio as of 5/3/2010. The JCAHO and the NCQA have informed the Board that they consider this on-line license status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards. This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.

The State Medical Board utilizes the Federation Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Ohio. Physicians initially licensed in Ohio after February 1st, 1997 have had their medical education, post-graduate training and examination history primary source verified by FCVS. Therefore, the use of this website for documentation of primary source verification (PSV) of education and training meets current NCQA guidelines for those licensed after February 1, 1997. This statement, affirming that primary source verification of medical education and post-graduate training has been performed as part of the licensure process, should be printed out and retained in your files. Prior to February 1, 1997, the State Medical Board prime source verified the post-graduate training and examination history.

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Georgia Composite Medical Board


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Public Board Orders Disclaimer: Public Board order means that there is a public document concerning the License. The existence of a Board order does not necessarily mean the License was sanctioned by the Medical Board or that the License, if sanctioned, is currently under any type of disciplinary action.

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<u>License Status</u>	<u>Name Address Issue / Expiration Dates</u>	<u>Specialty</u>	<u>Public Board Orders</u>	<u>Physician Profile</u>
026920 Inactive	RAMOS, ANDRES A P. O. BOX 270606 NASHVILLE , TN 372270606 Issue Date: 10/03/1984 Expiration Date: 12/31/1997	Non-Specified	None	None
037893 Inactive	RAMOS, EMMANUEL DUCUSIN 8 TAMMY CT PISCATAWAY , NJ 08854 Issue Date: 12/02/1993 Expiration Date: 12/31/2003	Preventive Medicine	None	None
014019 Lapsed	RAMOS, FERNANDO QUITUA VETERANS ADMIN. MED. CTR. P. O. BOX 17 MARION , IN 46952 Issue Date: 10/14/1971 Expiration Date: 12/31/1987	Surgery General	None	None

007267 Active	RAMOS, HAROLD SMITH 550 PEACHTREE STREET SUITE 05.4404 ATLANTA , GA 30308 Issue Date: 07/23/1954 Expiration Date: 07/31/2011	Internal Medicine	None	View
053934 Lapsed	RAMOS, JULIE J 1639 PIERCE DRIVE STE. 319 WMB ATLANTA , GA 30322 Issue Date: 11/07/2003 Expiration Date: 09/30/2009	Cardiovascular Disease/Cardiology	None	View
011449 Lapsed	RAMOS, MARIO SERGIO 3666 S W 4TH STREET MIAMI , FL 33135 Issue Date: 07/27/1966 Expiration Date: 12/31/1991	Pathology	None	None
024861 Lapsed	RAMOS, MIGUEL A P O BOX 1109 BAYAMON , -- 009601109 Issue Date: 04/06/1983 Expiration Date: 12/31/2001	Non-Specified	None	None
019183 Lapsed	RAMOS, NESTOR WALDO 2- G COND. MAR ISLA VERDE SANTURCE , -- 00926 Issue Date: 02/08/1978 Expiration Date: 12/31/1979	Non-Specified	None	None
060858 Active	RAMOS, PETER LABCOR 840 RESEARCH PARKWAY OKLAHOMA CITY , OK 73104 Issue Date: 04/03/2008 Expiration Date: 08/31/2011	Pathology	None	View
036854 Inactive	RAMOS, RALPH SAMUEL 910 MERRY STREET DUNN , NC 28334 Issue Date: 04/08/1993 Expiration Date: 12/31/1999	Anesthesiology	None	None
033683 Active	RAMOS, RAMON 313 EISENHOWER DRIVE SAVANNAH , GA 31406 Issue Date: 10/11/1990 Expiration Date: 02/28/2011	Pediatrics	None	View

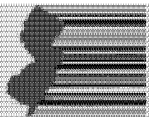
025514 Inactive	RAMOS, RICARDO LORENZO 178 TOWNSHIP ROAD1252 PROCTORVILLE , OH 45669 Issue Date: 09/08/1983 Expiration Date: 12/31/1995	Anesthesiology	None	None
022266 Inactive	RAMOS, RUFINO RECARDO 5838 OVERLOOK DRIVE NE TACOMA , WA 98422 Issue Date: 02/11/1981 Expiration Date: 12/31/1987	Psychiatry	None	None
012954 Lapsed	RAMOS, SIDONIO VA CENTER LEAVENWORTH , KS 66048 Issue Date: 06/09/1970 Expiration Date: 12/31/1991	Ophthalmology	None	None
055567 Active	RAMOS-CASANOVA, SANDRA EUNICE 3636 HABERSHAM RD NW SUITE 1206 ATLANTA , GA 30305 Issue Date: 11/12/2004 Expiration Date: 07/31/2011	Diagnostic Radiology	None	View

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This data is current as of April 1, 2010.

Please use our License Verification Line at(973) 273-8090 for the most recent status of Licensee.

Your search for **Physician** with the name **ricardo ramos** generated 1 match.

Name:	RAMOS, RICARDO L
Address:	PROCTORVILLE, OH
License Number:	25MA04424700
License Status:	Inactive
Expiration Date:	30-JUN-93
Board Action	None * See bottom of page

* A "YES" in the "Board Action" field indicates that the licensee has a public record of some form of action on file with the Board/Committee. Board actions may come in the form of a Consent Order, Cease and Desist Order, Interim Order, Reprimand, a finalized Uniform Penalty Letter, agreed upon Settlement Letter or Final Order. In some instances, "Yes" will represent that a public record of a pending matter such as an Administrative Complaint or a Provisional Order of Discipline may have been filed with the Board/Committee. Such documents represent the filing of allegations by the Attorney General, and do not represent a finding of misconduct until the matter is adjudicated by the Board. Contact the Board/Committee directly to obtain a copy of such documents.

For additional information, please contact the State Board of Medical Examiners at P.O. Box 183, Trenton, New Jersey 08625-0183.


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Click the X at the upper right corner to close this window and return to the list of licensees.	
Person Information	
Name: RICARDO LORENZO RAMOS	
Address Information	
Address(city state zipcode): PROCTORVILLE OH 45669	
License Information	
Type: Medical Physician and Surgeon	Secondary Type:
Profession: Medicine	Status: Inactive
Issue Date: 12/23/1983	Expires: 12/31/1994
Number: MD030489E	
Last Renewed: 11/24/1992	
Discipline Action History	
No disciplinary actions were found for this license.	
The Information above is considered primary source for verification of license credentials.	



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Center for Surgical Weight Control Receives Bariatric Surgery Center of Excellence Designation

Last updated: 07/28/2006

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Cabell Huntington Hospital's Center for Surgical Weight Control has been named an American Society of Bariatric Surgery (ASBS) Center of Excellence. The ASBS Center of Excellence designation recognizes bariatric

surgical programs that have demonstrated a commitment to providing ongoing excellence in patient care by continuously working to improve patient outcomes in bariatric surgery.

Recent News Articles

- [Edwards Comprehensive Cancer Center Offers Free Skin Cancer Screening on May 8](#)
- [Epilepsy Conference April 30 and Walk/Run May 1](#)
- [CHH's President and CEO named AHA Grassroots Champion](#)
- [CHH Offers New Procedure for Lesions Deep in the Lung](#)

According to a study released in July 2005 by the Agency for Healthcare Research and Quality, the number of bariatric surgeries in the United States more than quadrupled between 1998 and 2002 ? from 13,386 to 71,733. Faced with clinical evidence that the most experienced and best-run bariatric surgery programs have, by far, the lowest rates of complications, the ASBS Centers of Excellence program was created to improve the quality and safety of care provided.

To earn a Center of Excellence designation, Cabell Huntington Hospital's Center for Surgical Weight Control underwent an in-depth application process and site inspection during which all aspects of the program's surgical processes were closely examined. Cabell Huntington and other centers receiving the Bariatric Surgery Center of Excellence designation agree to

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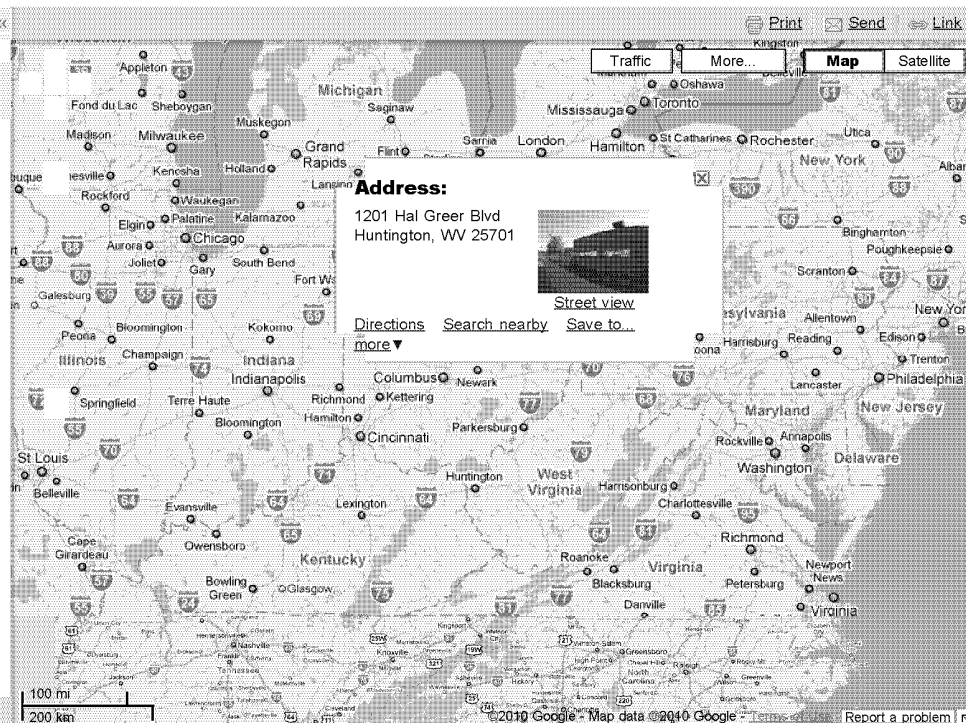
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continue to share information on clinical pathways, patient care protocols and outcomes data so that excellence can be maintained on a national basis.

The Surgical Review Corporation (SRC), an organization dedicated to pursuing surgical excellence, formulates and establishes the rigorous standards with which all Centers of Excellence must comply, thoroughly inspects and evaluates each candidate for designation, and upon review recommends approval of designation for those physicians and facilities whose practices and outcomes meet the stringent demands set forth by SRC for ASBS.

"Bariatric surgery is a complex and challenging undertaking," said D. Blaine Nease, MD, Medical Director of Center for Surgical Weight Control. "People who have experienced the health issues associated with morbid obesity who are considering gastric bypass surgery should have their surgery at a designated ASBS Center of Excellence. Bariatric Centers of Excellence have opened themselves up to intense scrutiny and must meet, or exceed, national standards of care on an ongoing basis. In fact, many insurance companies across the nation, including Medicare, are covering the surgery only if it is performed by a designated center of excellence."

Obesity has become a significant national health issue, with the Centers for Disease Control and Prevention reporting that 64 percent of all U.S. adults are overweight or obese. Morbid obesity is closely correlated with a number of serious conditions that severely undermine the health of overweight patients, including heart disease, high blood pressure and diabetes.

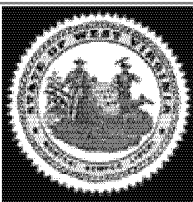
Bariatric surgery, when performed correctly, can help obese patients manage these conditions. By definition, surgeons with ASBS Center of Excellence designations practice only top-quality care, ensuring efficacy of the procedure with each patient to the best of their abilities. At Cabell Huntington Hospital, Nease and his staff demonstrate their willingness to take the extra step by providing patients with someone who can walk them through each step of the bariatric surgery process. From the initial call for information, the staff's main focus is to meet the individual needs of every patient and to assist them in obtaining the information they need to determine if bariatric surgery is the right choice for their current health status and future weight loss needs.

The Center for Surgical Weight Control at Cabell Huntington Hospital opened in 2002. Patients interested in more information about the program may call **(304) 526-6097** locally, or toll-

free at **1-877-WLS-CENTER**, or visit the [Surgical Weight Control](#) section of this website.

For a complete listing of ASBS Centers of Excellence, visit the [Surgical Review Corporation](#) website.

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Cabell Huntington Hospital - 1340 Hal Greer Boulevard - Huntington, West Virginia, 25701 - (304) 526-2000



West Virginia Board of Examiners for Registered Professional Nurses

DELORES BLATT

Address:	KENOVA, WV
License Number:	32701
Primary Status:	Active
Secondary Status:	None
License First Issued:	7/14/1982
License Expiration Date:	10/31/2010
License Renewal:	None
Disciplinary Information:	No disciplinary information in file

Permanent license.

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Last updated: 06/27/2007

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If you are experiencing a medical emergency, please call 911 or the nearest medical facility.

You may call Cabell Huntington Hospital at **(304) 526-2000** or write us at:

Cabell Huntington Hospital
1340 Hal Greer Boulevard
Huntington, West Virginia
25701

Also in this section...

- [Joint Commission on Accreditation of Healthcare Organizations](#)
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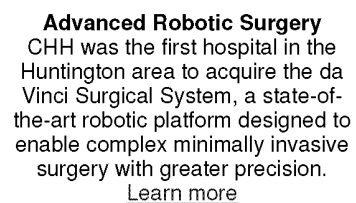


E-mail Form

E-mail is checked only during normal business hours Monday through Friday.

In order to contact us via e-mail, please complete the form below. Alternatively, you may send e-mail to chhinfo@cabellhuntington.org. * Denotes a required field.

Although Cabell Huntington Hospital takes steps to secure its e-mail systems, we cannot exclude the possibility that someone may be able to obtain unauthorized access. To help protect your information from unauthorized use or disclosure, please do not



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About Us

Last updated: 07/10/2009

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Cabell Huntington Hospital is a not-for-profit, regional referral center. Located in Huntington, West Virginia, Cabell Huntington cares for patients from more than 29 counties throughout West Virginia, eastern Kentucky and southern Ohio. Opened in 1956, it is also a teaching hospital and is affiliated with Marshall University Schools of Medicine and Nursing.

All of us at Cabell Huntington Hospital share a common value - providing excellent care that promotes life - long good health. Your medical care includes very personal attention to the details that help make all patients and their families feel at home.

Also in this section...

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- [Corporate Mission, Vision & Values](#)
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Related News Articles

- [CHH's President and CEO named AHA Grassroots Champion](#)
- [CHH Names Director of Quality & Performance Improvement](#)
- [New Director of Health Information Management](#)
- [CHH's Chris Carter certified as nurse executive](#)
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Hospital Services

At Cabell Huntington Hospital, you will find quality medical facilities and services to get you well

welcomes general surgeon to Medical Staff

- CHH announces donation to expand healthy food program to all 28 Cabell County public schools
- CHH announces sponsorship to continue work of Jamie's Kitchen in downtown Huntington
- CHH Home Health Department named a Top 500 agency for 2009
- CHH welcomes Physician Services Administrator
- Former YWCA donates \$130,000 to Cabell Huntington Hospital Children's Hospital project
- CHH honored for supporting organ donation
- Cabell Huntington Hospital Sponsors New Mall Playground
- New Vice President and Chief Information Officer joins Cabell Huntington Hospital
- Cabell Huntington adds fellowship-trained rheumatologist to Medical Staff
- CHH welcomes new Director of Clinical Resource Management

Related Newsbreaks

- Back & Spine Center
- 2009 HealthGrades Awards
- First North Patient Tower Patient
- ER Electronic Medical Records
- New Emergency Department

and patient education resources to keep you well. We are not only concerned with your physical health needs; we are also sensitive to your social, spiritual, emotional and educational needs. At Cabell Huntington Hospital, the road to recovery is made easier by physicians, therapists, nurses, social workers, technicians, clergy and counselors who are every bit as caring and compassionate as they are highly skilled.

The hospital is proud of specialized care centers such as the Neonatal Intensive Care Unit, the Burn Intensive Care Unit and the Pediatric Intensive Care Unit. These units offer the latest in medical technology and individual treatment for critically ill newborns, children and adults. Specially equipped air and ground transport services are always ready for patients requiring immediate attention.

As part of the hospital's concern for total patient care, Cabell Huntington has become a leader in emergency treatment, mother and baby health care and surgical, diagnostic and therapeutic services.

With a highly skilled staff and the most advanced equipment, Cabell Huntington is a leader in many special services.

Leadership

Administration

▣ Byrd Clinical Center

▣ WV's Top Emergency Physician

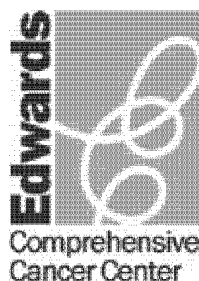
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Pictured left to right: **Paul English Smith**, Vice President & General Counsel; **Rosemary "Bunny" Smith**, Vice President & Chief Nursing Officer; **Mark Twilla**, Vice President of Ancillary and Support Services; **Glen Washington**, Vice President of Operations; **D. Monte Ward**, Senior Vice President & Chief Financial Officer; **Brent A. Marsteller**, President & Chief Executive Officer; **Barry Tourigny**, Vice President of Human Resources; **David Graley**, Vice President & COO of the Cabell Huntington Hospital Foundation; **Hoyt Burdick, MD**, Vice President of Medical Affairs

Cabell Huntington's leadership team was a 2007 [HealthLeaders](#) Community Hospital winner. [Learn more.](#)

Board of Directors

The Board of Directors is a governing body which is responsible for oversight of the operations of Cabell Huntington Hospital. The Board of Directors consists of 17 members who are broadly representative of the community. Members of the Board of Directors are normally appointed for three-year terms, and a member may be appointed to no more than three consecutive three-year terms.

A separate board of directors, which governs the Cabell Huntington Hospital Foundation, Inc., is responsible for fundraising activities related to the hospital.

2009 Board of Directors

- David L. Porter, MD (Chair)
- Carolyn Bagby (Vice-Chair)
- David Fox III (Secretary)
- Floyd Harlow (Treasurer)
- Marian Cox
- Peter Chirico, MD
- Tim Kinsey
- Tim Milne
- Charles McKown, MD
- Boyd Meadows
- Rev. Samuel R. Moore
- Alan Morrison
- Ross Patton, MD
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- Vicki Smith

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 Cabell Huntington Hospital - 1340 Huntington Boulevard - Huntington, West Virginia, 25701 - (304) 526-2000

Teaching & Training

Cabell Huntington is leading the way in community health care, and with that comes the responsibility of training others to continue the tradition of excellence. The hospital works with the teaching and research programs at [Marshall University School of Medicine](#) and other medical and technical schools. Through these partnerships, the hospital staff works with some of the most highly qualified medical specialists in the area, sharing insight into the latest concepts in medical education and patient care.

Marshall University Medical Center

Marshall University Medical Center

In June, 1998, the Marshall University Medical Center opened, bringing all its physicians, medical students and other staff members from facilities located across the region together under one roof. The Medical Center adjoins Cabell Huntington Hospital's campus through a four-story atrium. Patients have access to Marshall University's wealth of qualified medical specialists and students, as well as all the services CHH has to offer, all conveniently located in one facility.

Howenstein, Kim

From: "Inquisite Server" [administrator@myserver.com]
Sent: Monday, May 03, 2010 8:47 AM
To: GMB-QRA-ComplianceAgreement
Subject: Response for Compliance Agreement

E-mail notification for survey response

Survey Title: Compliance Agreement

Respondent Unique Key: INQ-20100503070752-1022518919 Response Date: Mon, May 03, 2010 07:46:56

Page 1

{Customer Name}
{Enter text answer}
[Cabell Huntington Surgery Center]

[*]
By submitting this form with this box checked, I am certifying that the above is agreed to by a duly authorized officer, partner, or principal of Customer.
{Choose if appropriate}

DEA Number of Customer:
{Enter text answer}
[AR2778845]

Full Name of Person Completing Form:
{Enter text answer}
[Delores Blatt]

Title of Person Completing Form:
{Enter text answer}
[RN Pre Op/PACU Manager]

Howenstein, Kim

From: "Inquisite Server" [administrator@myserver.com]
Sent: Monday, May 03, 2010 8:46 AM
To: GMB-QRA-AD-Hospitals
Subject: Response for SCS-P Hospitals & Surgery Centers

E-mail notification for survey response

Survey Title: SCS-P Hospitals & Surgery Centers Respondent Unique Key:
INQ-20100430082749-2107373682 Response Date: Mon, May 03, 2010 07:45:43

Page 1

1. Are you a current or new customer?

{Choose one}

(*) Current

() New

Name:

{Enter text answer}

[Delores Blatt]

Title:

{Enter text answer}

[RN Pre Op/PACU Manager]

3. Hospital/Surgery Center's Name:

{Enter text answer}

[Cabell Huntington Surgery Center]

Address:

{Enter text answer}

[1201 Hal Greer Blvd. Huntington, WV 25701]

Phone number(s):

{Enter text answer}

[304-523-1885]

Website:

{Enter text answer}

[cabellhuntingtonssurgerycenter.com]

Fax:

{Enter text answer}

[304-522-3726]

4. Primary DEA #:

{Enter text answer}

[AR2778845]

5. Is the facility name different than the corporate name?

{Choose one}

(*) Yes

() No

6. Has the pharmacy ever operated under a different name?

{Choose one}

() Yes

(*) No

Page 2

8. Ownership type:

{Choose one}
() Sole proprietor
() Non-Profit corporation
() For-Profit corporation
(*) Partnership
() Other []

Name 1:
{Enter text answer}
[Brent Marstellar]

Title 1:
{Enter text answer}
[Pres CEO]

Name 2:
{Enter text answer}
[Glen Washington]

Title 2:
{Enter text answer}
[SVP COO]

Title 3:
{Enter text answer}
[SVP General Council]

Name 3:
{Enter text answer}
[Paul Smith]

Title 4:
{Enter text answer}
[SVP CFO]

Name 4:
{Enter text answer}
[David Ward]

10. List (or provide an electronic file to QRAHospitals@cardinalhealth.com) of all names, addresses, and DEA numbers for those pharmacies/entities (that receive drugs) operated by the Hospital/Surgery Centers.
{Enter answer in paragraph form}
[Cabell Huntington Surgery Center 1201 Hal Greer Blvd Huntington, WV 25701
DEA # AR2778845 Ramos,Ricardo Lorenzo MD (Jesse Kave has a copy of all this information)]

7. Is your hospital a member of a GPO?
{Choose one}
(*) Yes
() No

Name of group/organization:
{Enter text answer}
[Premier]

Page 3

1. Have any of the DEA registrants (pharmacies, physicians, dentists, etc.) associated with the Hospitals/Surgery Centers and acquiring drugs based on their DEA license ever had a DEA registration, state permit (pharmacy), or state controlled substance permit suspended, revoked or disciplined?
{Choose one}
() Yes
(*) No

2. Have any of the Pharmacists-in-Charge (PIC) working in your pharmacies

ever had his/her license(s) suspended, revoked or disciplined?

{Choose one}

() Yes

(*) No

Cardinal Health

{Choose one}

(*) Primary

() Secondary

() Tertiary

Other:

{Choose one}

() Primary

() Secondary

() Tertiary

Other 1

{Enter text answer}

[]

Other:

{Choose one}

() Primary

() Secondary

() Tertiary

Other 2

{Enter text answer}

[]

2. Does your organization purchase any controlled substances directly from manufacturers?

{Choose one}

() Yes

(*) No

3. Approximately what percent of controlled substances are purchased from Cardinal Health?

{Enter text answer}

[100]

Page 4

4. Does your organization fill new prescriptions or sell pharmaceuticals via the internet?

{Choose one}

() Yes

(*) No

5. Is the pharmacy department managed by an outside organization? (i.e., Cardinal, McKesson, or other provider)

{Choose one}

() Yes

(*) No

Role of provider:

{Choose one}

() Management only

() Management & Staff

() Staff only

Inpatient patient orders

{Enter text answer}

[0]

Outpatient patient orders (not employee)

{Enter text answer}
[0]

Employee prescriptions
{Enter text answer}
[0]

Other:
{Enter text answer}
[100]

7. Do you do any cash transactions outside of the patient bill?
{Choose one}
() Yes
(*) No

% Other
{Enter text answer}
[do not dispense only give ordered medications while the patient is here
in our facility.]

Page 5

1. What products do the pharmacies in the Hospitals/Surgery-Centers expect to purchase from Cardinal Health? Please indicate what percentages of these products are injectable controlled substances orders. (check all that apply)?
{Choose all that apply}
(*) OTC
(*) Prescription
(*) Controlled Substances
() List 1 Chemicals (i.e., PSE)
() Other []

% injectables
{Enter text answer}
[75]

% of non-injectables
{Enter text answer}
[25]

1.
{Enter text answer}
[Dilaudid 1mg/ml amp]

2.
{Enter text answer}
[Fentanyl 100mcg/2ml]

3.
{Enter text answer}
[Percocet 5]

4.
{Enter text answer}
[Versed 1mg/ml]

5.
{Enter text answer}
[Sevo]

3. Do you order any of these products? (Check all that apply)
{Choose all that apply}
(*) Hydrocodone
() Alprazolam
(*) Oxycodone

() None of these

If so, what is the approximate combined percentage of these products compared to your total controlled drug usage/month?

{Choose one}

(*) 0-25% of total

() 26-50% of total

() 51-75% of total

() 76-100% of total

Hydrocodone units

{Enter text answer}

[<10]

Alprazolam units

{Enter text answer}

[]

Oxycodone units

{Enter text answer}

[50 +]

Page 6

Average daily census (ADC)

{Enter text answer}

[20]

Average surgery case load/month

{Enter text answer}

[325 +]

6. Do you provide any of these specialty services?

{Choose all that apply}

() Oncology

() Hospice

() Pain Management Clinic

(*) Other (please specify): [multi-specialty surgery center]

7. Do you anticipate an increase or decrease in utilization or change in specialized services offered?

{Choose one}

() Yes

(*) No

8. What is the usual procurement pattern for controlled substances?

{Choose one}

() Daily as needed

(*) Weekly as needed

() Monthly as needed

Page 7

2. Controlled Substance Usage Analysis - How often does your facility review controlled drug usage reports?

{Choose one}

() Daily

(*) Weekly

() Monthly

() Other []

3. Systems--Please describe systems that support order management, inventory control, and any other system that controls/monitors/tracks usage and supply chain.

{Choose one}

() Controlled Inventory Management system (Pyxis CII Safe or other management system)

(*) Manual system with routine audits
() Other (please describe): []

5. Additional organizational contact information if different from above
(please indicate preferred type of communication)
{Choose one}
() Fax #:
(*) Email:
() Phone #:

Fax #:
{Enter text answer}
[304-522-3726]

Email:
{Enter text answer}
[delores.blatt@chhi.org]

Phone #:
{Enter text answer}
[304-523-1885]

1. Please fax or email a copy of your controlled substance management policies to: 614-553-5667 or toll free fax: 866-344-8878 or email: QRAHospitals@cardinalhealth.com. Or describe in detail below:
{Enter answer in paragraph form}
[]

Contact's Name:
{Enter text answer}
[Delores Blatt]

Contact's Phone:
{Enter text answer}
[304-523-1885 x37]

Contact's Title:
{Enter text answer}
[RN-Pre/Post Op Manager]

Contact's Email:
{Enter text answer}
[delores.blatt@chhi.org]

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West Virginia Board of Medicine

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Requirements - DPM's
Requirements - PA's
Activity
Request for Continuation of License - Military Deployment
Miscellaneous
Licensee Search
Directory
Annual Report 2009

West Virginia Board of Medicine Licensee Detail

Data for licensees and disciplinary cases prior to 1998 may be incomplete. Please contact the Board of Medicine if further information is required.

Printer Friendly

Search Results: **Licensee Detailed Information**Full Name: **EDUARDO ALFREDO RIVAS-PARDO, M.D.**

Born: 1941

Preferred Mailing Address: 446 13TH AVENUE
HUNTINGTON, WV 25701Primary Work Location: 1201 HAL GREER BLVD
HUNTINGTON, WV 25701 (CABELL CO.)

Permanent License: PERMANENT MEDICAL # 12809 ACTIVE

Originally Granted: 8/17/1981

Next Expires: 6/30/2011

Drug Dispensing Certificate: # 00428 EXPIRED

Originally Granted: 7/1/1989

Last Expired: 6/30/2007

Also Licensed Or Has Been **WEST VIRGINIA**
Licensed In:Medical School: FACULTY OF HEALTH SCIENCES, MAYOR DE SAN SIMON
UNIVERSITY (BOLIVIA) (07/01/1968)

Post-Graduate Training: MEMORIAL HOSPITAL, MIAMI, FL (10/31/1971)

Primary Specialty ANESTHESIOLOGY
(Self-Designated):Secondary Specialty NO SECONDARY SPECIALTY ON FILE
(Self-Designated):

Newsletter
Disciplinary Action
WVBOM FAQ's
Renewal FAQ's
Contact Info
Related Links
WV Board of Medicine 101 Dee Dr., Suite 103 Charleston, WV 25311 Phone: (304) 558-2921 Fax: (304) 558-2084

PAs Currently Supervised: NO CURRENT SUPERVISION

Disciplinary Records for EDUARDO ALFREDO RIVAS-PARDO

Disciplinary orders of the WV Board of Medicine may be accessed from the case records below.
Adobe Reader is required to open and view the documents.

NO DISCIPLINARY CASES ON FILE.

Malpractice Records for EDUARDO ALFREDO RIVAS-PARDO

Consumers should take the following factors into consideration when evaluating a physician's competence from malpractice data.

- A number of studies have been conducted to identify indicators of substandard care among physicians. There is no conclusive evidence that malpractice data correlates with professional competence.
- There are a variety of factors unrelated to professional competence or conduct which affect the likelihood that a physician will be the subject of a malpractice claim, such as, the physician's time in practice, the nature of the specialty, the types of patients treated, geographic location, etc. For example, certain medical specialties have a higher rate of malpractice claims because of a higher risk inherent to the field of practice.
- Settlements of malpractice cases by insurance companies are sometimes handled as business decisions. In the case of some minor claims, it is less expensive for the insurance company to make a monetary settlement than it is for them to take the case to court. Many times such cases are settled without a finding of fault or admission of guilt on the part of the physician.
- A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Malpractice Record: **Case Detail**

Action Type: Settlement

Loss Date: 11/8/1990

Action Date: 1/30/1991

Amount: \$2,135

Insurance Company: PIE MUTUAL

File Number: 66185

Notes: NONE

Malpractice Record: **Case Detail**

Action Type: Settlement

Loss Date: 10/4/1982
Action Date: 9/29/1986
Amount: \$12,500
Insurance Company: CNA
File Number: NO FILE NUMBER LISTED
Notes: PHYSICIAN REPORTED
Malpractice Record: Case Detail
Action Type: Settlement
Loss Date: 1/18/1992
Action Date: 11/16/1999
Amount: \$5,000
Insurance Company: WV INSURANCE GUARANTY ASSOC.
File Number: 74556
Notes: NONE
Malpractice Record: Case Detail
Action Type: Settlement
Loss Date: 3/30/1995
Action Date: 11/9/2000
Amount: \$300,000
Insurance Company: PIE MUTUAL INSURANCE CO
File Number: NO FILE NUMBER LISTED
Adjudating Body: PUTNAM CTY CIRCUIT COURT
Case Number of Adjudating 97-C-90
Body:
Notes: NONE
Malpractice Record: Case Detail
Action Type: Dismissal
Loss Date: 1/28/2003

Action Date: 11/29/2005
Amount: 0
Insurance Company: WVPMIC
File Number: 3010054-01
Adjudating Body: KANAWHA CTY CIRCUIT COURT
Case Number of Adjudating 04-C-3410 Body:
Notes: APPEALED TO SUPREME CT NO. 050877- REFUSED ORDER ON FILE
Malpractice Record: Case Detail
Action Type: Settlement
Loss Date: 3/30/1995
Action Date: 10/11/2006
Amount: \$492,847
Insurance Company: OHIO INSURANCE LIQUIDATOR (PIE)
File Number: 105493
Notes: 12/2/2009 FINAL PAYMENT IS 282,847.20. WV INSURANCE GUARANTY ASSOC. MADE PRIOR PAYMENT OF \$300,000; MEDICAL MALPRACTICE PAYMENT RPT FILED 10/24/06. INTERIM PAYMENT FOR \$210,000 MADE ON 10/11/06. THIS PAYMENT IS FINAL PRO RATA SHARE OF CLASS 2 CLAIM AGAINST ESTATE. TOTAL PAYMENT FOR THIS PHYSICIAN IS \$492,847.20

[New Search](#)

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West Virginia Board of Medicine Licensee Search

Choose a search type, enter search information, select from the results, and view details. For help with searching or understanding the information displayed, go to Help. This link will open a new screen which you may keep available for reference.

To determine if a physician is Board Certified in a particular specialty, you may call the American Board of Medical Specialties toll-free at 866.275.2267, or you may visit their website at www.abms.org.

Terms of Use/Disclaimer

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Search Results: **Licensee Detailed Information**

Full Name: **EDUARDO ALFREDO RIVAS-PARDO, M.D.**

Born: 1941

Preferred Mailing Address: 446 13TH AVENUE
HUNTINGTON, WV 25701

Primary Work Location: 1201 HAL GREER BLVD
HUNTINGTON, WV 25701 (CABELL CO.)

Permanent License: PERMANENT MEDICAL # 12809 ACTIVE

Originally Granted: 8/17/1981

Next Expires: 6/30/2011

Drug Dispensing Certificate: # 00428 EXPIRED

Originally Granted: 7/1/1989

Last Expired: 6/30/2007

Also Licensed Or Has Been WEST VIRGINIA
Licensed In:

Newsletter
Disciplinary Action
WVBOM FAQ's
Renewal FAQ's
Contact Info
Related Links
WV Board of Medicine 101 Dee Dr., Suite 103 Charleston, WV 25311 Phone: (304) 558-2921 Fax: (304) 558-2084

Medical School: FACULTY OF HEALTH SCIENCES, MAYOR DE SAN SIMON
UNIVERSITY (BOLIVIA) (07/01/1968)

Post-Graduate Training: MEMORIAL HOSPITAL, MIAMI, FL (10/31/1971)

Primary Specialty ANESTHESIOLOGY
(Self-Designated):

Secondary Specialty NO SECONDARY SPECIALTY ON FILE
(Self-Designated):

PAs Currently Supervised: NO CURRENT SUPERVISION

Discipline: NO DISCIPLINE CASES ON RECORD

Malpractice: 6 CASES -- MORE INFORMATION

1 Results Found

Last Name Like: **"PARDO"** First Name Like: "" Profession: **Any**

Name ▲	Profession	City, State
RIVAS-PARDO, EDUARDO ALFREDO	MD	HUNTINGTON, WV

New Search

This licensee search was developed by Tygart Technology, Inc.
Please send any questions, comments or suggestions to our Web
Administrator.

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Licensee Search
Directory
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West Virginia Board of Medicine Licensee Detail

Data for licensees and disciplinary cases prior to 1998 may be incomplete. Please contact the Board of Medicine if further information is required.

Printer Friendly

Search Results: **Licensee Detailed Information**Full Name: **RICARDO LORENZO RAMOS, M.D.**

Born: 1949

Preferred Mailing Address: 1636 MCCOY ROAD
HUNTINGTON, WV 25701

Primary Work Location: CABELL HUNTINGTON HOSPITAL
1340 HAL GREER BLVD
HUNTINGTON, WV 25701 (CABELL CO.)

Permanent License: PERMANENT MEDICAL # 17169 ACTIVE

Originally Granted: 1/11/1993

Next Expires: 6/30/2011

Drug Dispensing Certificate: # 01239 ACTIVE

Originally Granted: 1/19/1993

Next Expires: 6/30/2011

Also Licensed Or Has Been GEORGIA NEW JERSEY OHIO PENNSYLVANIA
Licensed In:

Medical School: FACULTY OF MEDICINE, AUTONOMOUS UNIVERSITY OF
GUADALAJARA (MEXICO) (06/04/1977)

Post-Graduate Training: ST LUKES HOSPITAL, BETHLEHEM, PA (06/30/1984)
ALBERT EINSTEIN MEDICAL CENTER, PHILADELPHIA, PA
(12/31/1986)

Primary Specialty ANESTHESIOLOGY
(Self-Designated):

Newsletter
Disciplinary Action
WVBOM FAQ's
Renewal FAQ's
Contact Info
Related Links
WV Board of Medicine 101 Dee Dr., Suite 103 Charleston, WV 25311 Phone: (304) 558-2921 Fax: (304) 558-2084

Secondary Specialty NO SECONDARY SPECIALTY ON FILE
(Self-Designated):

PAs Currently Supervised: NO CURRENT SUPERVISION

Disciplinary Records for RICARDO LORENZO RAMOS

Disciplinary orders of the WV Board of Medicine may be accessed from the case records below.
Adobe Reader is required to open and view the documents.

NO DISCIPLINARY CASES ON FILE.

Malpractice Records for RICARDO LORENZO RAMOS

Consumers should take the following factors into consideration when evaluating a physician's competence from malpractice data.

- A number of studies have been conducted to identify indicators of substandard care among physicians. There is no conclusive evidence that malpractice data correlates with professional competence.
- There are a variety of factors unrelated to professional competence or conduct which affect the likelihood that a physician will be the subject of a malpractice claim, such as, the physician's time in practice, the nature of the specialty, the types of patients treated, geographic location, etc. For example, certain medical specialties have a higher rate of malpractice claims because of a higher risk inherent to the field of practice.
- Settlements of malpractice cases by insurance companies are sometimes handled as business decisions. In the case of some minor claims, it is less expensive for the insurance company to make a monetary settlement than it is for them to take the case to court. Many times such cases are settled without a finding of fault or admission of guilt on the part of the physician.
- A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Malpractice Record: **Case Detail**

Action Type: Dismissal

Loss Date: 12/19/2001

Action Date: 5/12/2006

Amount: 0

Insurance Company: WOODBROOK CASUALTY

File Number: 123245

Adjudicating Body: CABELL CTY CIRCUIT COURT

Case Number of Adjudating 03-C-0544

Body:

Notes: NONE

New Search

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Terms of Use/Disclaimer

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Search Results: **Licensee Detailed Information**

Full Name: **RICARDO LORENZO RAMOS, M.D.**

Born: 1949

Preferred Mailing Address: 1636 MCCOY ROAD
HUNTINGTON, WV 25701

Primary Work Location: CABELL HUNTINGTON HOSPITAL
1340 HAL GREER BLVD
HUNTINGTON, WV 25701 (CABELL CO.)

Permanent License: PERMANENT MEDICAL # 17169 ACTIVE

Originally Granted: 1/11/1993

Next Expires: 6/30/2011

Drug Dispensing Certificate: # 01239 ACTIVE

Originally Granted: 1/19/1993

Next Expires: 6/30/2011

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Licensed In:
Medical School: FACULTY OF MEDICINE, AUTONOMOUS UNIVERSITY OF GUADALAJARA (MEXICO) (06/04/1977)
Post-Graduate Training: ST LUKES HOSPITAL, BETHLEHEM, PA (06/30/1984) ALBERT EINSTEIN MEDICAL CENTER, PHILADELPHIA, PA (12/31/1986)
Primary Specialty ANESTHESIOLOGY (Self-Designated):
Secondary Specialty NO SECONDARY SPECIALTY ON FILE (Self-Designated):
PAs Currently Supervised: NO CURRENT SUPERVISION
Discipline: NO DISCIPLINE CASES ON RECORD
Malpractice: 1 CASE -- MORE INFORMATION

11 Results FoundLast Name Like: **"RAMOS"** First Name Like: "" Profession: **Any**

Name ▲	Profession	City, State
DERAMOS, RAFAEL KALAW	MD	BLUEFIELD, WV
GONZALEZ-RAMOS, FERNANDO LUIS	MD	LOGAN, WV
RAMOS, FERDINAND MARZAN	MD	
RAMOS, IVAN A.	MD	
RAMOS, LUIS RAFAEL	MD	NEW BRAUNFELS, TX
RAMOS, PEDRO ALFREDO	MD	
RAMOS, RICARDO LORENZO	MD	HUNTINGTON, WV
RAMOS, SCOTT B.	PA	WHEELING, WV
RAMOS-CAYCEDO, ANDRES AVELLINO	MD	
RAMOS-PEREA, CARLOS DARIO	MD	
SANCHEZ-RAMOS, LUIS	MD	JACKSONVILLE, FL

[New Search](#)

This licensee search was developed by Tygart Technology, Inc.
Please send any questions, comments or suggestions to our Web Administrator.



Individual Details

License Number	RP0005352
License Type	Registered Pharmacist
Name	Holbert, Marlene
State of Current Residence	WV
Date Issued	
Expiration Date	06/30/2010
License Status	Active
Disciplinary Action	No

[Another Query](#)[Pharmacy Home Page](#)

This data is an accurate representation of information currently maintained by the West Virginia Board of Pharmacy as of April 26, 2010.



Business Details

License Number	CC0553380
Business Type	Clinic
Business Name	Cabell Huntington Surgery Center
Address1	1201 Hal Greer Blvd.
Address2	
City	Huntington
State	WV
Zip Code	25701
County	Cabell
Phone	
Responsible Person Name (Pharmacist In Charge)	Marlene Holbert
Date Issued	
Expiration Date	06/30/2009
Status	Active
Disciplinary Action	No

[Another Query](#)[Pharmacy Home Page](#)

This data is an accurate representation of information currently maintained by the West Virginia Board of Pharmacy as of April 26, 2010.

**DEA Registration Validation Result:****DEA Number:** AR2778845**Name (Last, First):** RAMOS , RICARDO LORENZO MD**Business Activity:** PRACTITIONER**Business Address 1:** 1201 HAL GREER BLVD**Business Address 2:****Business Address 3:** CABELL HUNTINGTON SURGERY CENTER**City:** HUNTINGTON**State:** WV**Zip:** 257014820**Schedules:** Schedule II Narcotic, Schedule II Non Narcotic, Schedule III Narcotic, Schedule III Non Narcotic, Schedule IV, Schedule V**Expire Date:** 04-30-2011**DEA Registration Validation:****DEA Number to be validated (Required - Not Case Sensitive)**

<div>Validate</div> <div>Logout</div>



Current Date: 4/29/2010

Data File Release Date: 04/07/2010

Drug Enforcement Administration (DEA) Datafiles -Both

Registrant Profile

for

RIVAS-PARDO, EDUARDO A MD

Address:

CABELL HUNTINGON SURGERY CENTER
1201 HAL GREER BLVD
HUNTINGTON

State and Zip: WV 25701

DEA Number: BR1794026

Business Activity Code: C

Business Activity Sub Code: 0

Drug Schedule: 22N 33N 4 5

Drug Codes:

Expiration Date: 4/30/2010

Payment Indicator: P



RAMOS, RICARDO LORENZO MD
CABELL HUNTINGTON SURGERY CENTER
1201 HAL GREER BLVD
HUNTINGTON, WV 25701-4820-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AR2778845	04-30-2011	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	04-09-2008
RAMOS, RICARDO LORENZO MD CABELL HUNTINGTON SURGERY CENTER 1201 HAL GREER BLVD HUNTINGTON, WV 25701-4820		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AR2778845	04-30-2011	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	04-09-2008
RAMOS, RICARDO LORENZO MD CABELL HUNTINGTON SURGERY CENTER 1201 HAL GREER BLVD HUNTINGTON, WV 25701-4820		

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Board of Pharmacy
CONTROLLED SUBSTANCE PERMIT

July 1, 2009 - June 30, 2010 - Date Issued: March 31, 2009

Cabell Huntington Surgery Center

1201 Hal Greer Blvd.
Huntington, WV 25701

LICENSE # CC0553380

DEA # BR1794026

Schedule II Narcotic
Schedule II Non-Narcotic
Schedule III Narcotic
Schedule III Non-Narcotic
Schedule IV All
Schedule V All

Marlene Holbert - RP0005352

Consultant Pharmacist

Hammond, Tawney

From: "Inquisite Server" [administrator@myserver.com]
Sent: Friday, April 30, 2010 9:53 AM
To: GMB-QRA-ComplianceAgreement
Subject: Response for Compliance Agreement

E-mail notification for survey response

Survey Title: Compliance Agreement

Respondent Unique Key: INQ-20100430084937-1432485419 Response Date: Fri, Apr 30, 2010 08:52:33

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(Customer Name)
{Enter text answer}
[Cabell Huntington Surgery Center]

[*]
By submitting this form with this box checked, I am certifying that the above is agreed to by a duly authorized officer, partner, or principal of Customer.
{Choose if appropriate}

DEA Number of Customer:
{Enter text answer}
[AR2778845]

Full Name of Person Completing Form:
{Enter text answer}
[Delores Blatt]

Title of Person Completing Form:
{Enter text answer}
[RN Pre Op/PACU Manager]

Nelson, Deidre

From: "Inquisite Server" [administrator@myserver.com]
Sent: Monday, May 03, 2010 8:47 AM
To: GMB-QRA-ComplianceAgreement
Subject: Response for Compliance Agreement

E-mail notification for survey response

Survey Title: Compliance Agreement

Respondent Unique Key: INQ-20100503070752-1022518919 Response Date: Mon, May 03, 2010 07:46:56

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(Customer Name)
{Enter text answer}
[Cabell Huntington Surgery Center]

[*]
By submitting this form with this box checked, I am certifying that the above is agreed to by a duly authorized officer, partner, or principal of Customer.
{Choose if appropriate}

DEA Number of Customer:
{Enter text answer}
[AR2778845]

Full Name of Person Completing Form:
{Enter text answer}
[Delores Blatt]

Title of Person Completing Form:
{Enter text answer}
[RN Pre Op/PACU Manager]

Nelson, Deidre

From: "Inquisite Server" [administrator@myserver.com]
Sent: Monday, May 03, 2010 8:46 AM
To: GMB-QRA-AD-Hospitals
Subject: Response for SCS-P Hospitals & Surgery Centers

E-mail notification for survey response

Survey Title: SCS-P Hospitals & Surgery Centers Respondent Unique Key:
INQ-20100430082749-2107373682 Response Date: Mon, May 03, 2010 07:45:43

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1. Are you a current or new customer?

{Choose one}

(*) Current

() New

Name:

{Enter text answer}

[Delores Blatt]

Title:

{Enter text answer}

[RN Pre Op/PACU Manager]

3. Hospital/Surgery Center's Name:

{Enter text answer}

[Cabell Huntington Surgery Center]

Address:

{Enter text answer}

[1201 Hal Greer Blvd. Huntington, WV 25701]

Phone number(s):

{Enter text answer}

[304-523-1885]

Website:

{Enter text answer}

[cabellhuntingtonssurgerycenter.com]

Fax:

{Enter text answer}

[304-522-3726]

4. Primary DEA #:

{Enter text answer}

[AR2778845]

5. Is the facility name different than the corporate name?

{Choose one}

(*) Yes

() No

6. Has the pharmacy ever operated under a different name?

{Choose one}

() Yes

(*) No

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8. Ownership type:

{Choose one}
() Sole proprietor
() Non-Profit corporation
() For-Profit corporation
(*) Partnership
() Other []

Name 1:
{Enter text answer}
[Brent Marstellar]

Title 1:
{Enter text answer}
[Pres CEO]

Name 2:
{Enter text answer}
[Glen Washington]

Title 2:
{Enter text answer}
[SVP COO]

Title 3:
{Enter text answer}
[SVP General Council]

Name 3:
{Enter text answer}
[Paul Smith]

Title 4:
{Enter text answer}
[SVP CFO]

Name 4:
{Enter text answer}
[David Ward]

10. List (or provide an electronic file to QRAHospitals@cardinalhealth.com) of all names, addresses, and DEA numbers for those pharmacies/entities (that receive drugs) operated by the Hospital/Surgery Centers.
{Enter answer in paragraph form}
[Cabell Huntington Surgery Center 1201 Hal Greer Blvd Huntington, WV 25701
DEA # AR2778845 Ramos,Ricardo Lorenzo MD (Jesse Kave has a copy of all this information)]

7. Is your hospital a member of a GPO?
{Choose one}
(*) Yes
() No

Name of group/organization:
{Enter text answer}
[Premier]

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1. Have any of the DEA registrants (pharmacies, physicians, dentists, etc.) associated with the Hospitals/Surgery Centers and acquiring drugs based on their DEA license ever had a DEA registration, state permit (pharmacy), or state controlled substance permit suspended, revoked or disciplined?
{Choose one}
() Yes
(*) No

2. Have any of the Pharmacists-in-Charge (PIC) working in your pharmacies

ever had his/her license(s) suspended, revoked or disciplined?

{Choose one}

() Yes

(*) No

Cardinal Health

{Choose one}

(*) Primary

() Secondary

() Tertiary

Other:

{Choose one}

() Primary

() Secondary

() Tertiary

Other 1

{Enter text answer}

[]

Other:

{Choose one}

() Primary

() Secondary

() Tertiary

Other 2

{Enter text answer}

[]

2. Does your organization purchase any controlled substances directly from manufacturers?

{Choose one}

() Yes

(*) No

3. Approximately what percent of controlled substances are purchased from Cardinal Health?

{Enter text answer}

[100]

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4. Does your organization fill new prescriptions or sell pharmaceuticals via the internet?

{Choose one}

() Yes

(*) No

5. Is the pharmacy department managed by an outside organization? (i.e., Cardinal, McKesson, or other provider)

{Choose one}

() Yes

(*) No

Role of provider:

{Choose one}

() Management only

() Management & Staff

() Staff only

Inpatient patient orders

{Enter text answer}

[0]

Outpatient patient orders (not employee)

{Enter text answer}
[0]

Employee prescriptions
{Enter text answer}
[0]

Other:
{Enter text answer}
[100]

7. Do you do any cash transactions outside of the patient bill?
{Choose one}
() Yes
(*) No

% Other
{Enter text answer}
[do not dispense only give ordered medications while the patient is here
in our facility.]

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1. What products do the pharmacies in the Hospitals/Surgery-Centers expect to purchase from Cardinal Health? Please indicate what percentages of these products are injectable controlled substances orders. (check all that apply)?
{Choose all that apply}
(*) OTC
(*) Prescription
(*) Controlled Substances
() List 1 Chemicals (i.e., PSE)
() Other []

% injectables
{Enter text answer}
[75]

% of non-injectables
{Enter text answer}
[25]

1.
{Enter text answer}
[Dilaudid 1mg/ml amp]

2.
{Enter text answer}
[Fentanyl 100mcg/2ml]

3.
{Enter text answer}
[Percocet 5]

4.
{Enter text answer}
[Versed 1mg/ml]

5.
{Enter text answer}
[Sevo]

3. Do you order any of these products? (Check all that apply)
{Choose all that apply}
(*) Hydrocodone
() Alprazolam
(*) Oxycodone

() None of these

If so, what is the approximate combined percentage of these products compared to your total controlled drug usage/month?

{Choose one}

(*) 0-25% of total

() 26-50% of total

() 51-75% of total

() 76-100% of total

Hydrocodone units

{Enter text answer}

[<10]

Alprazolam units

{Enter text answer}

[]

Oxycodone units

{Enter text answer}

[50 +]

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Average daily census (ADC)

{Enter text answer}

[20]

Average surgery case load/month

{Enter text answer}

[325 +]

6. Do you provide any of these specialty services?

{Choose all that apply}

() Oncology

() Hospice

() Pain Management Clinic

(*) Other (please specify): [multi-specialty surgery center]

7. Do you anticipate an increase or decrease in utilization or change in specialized services offered?

{Choose one}

() Yes

(*) No

8. What is the usual procurement pattern for controlled substances?

{Choose one}

() Daily as needed

(*) Weekly as needed

() Monthly as needed

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2. Controlled Substance Usage Analysis - How often does your facility review controlled drug usage reports?

{Choose one}

() Daily

(*) Weekly

() Monthly

() Other []

3. Systems--Please describe systems that support order management, inventory control, and any other system that controls/monitors/tracks usage and supply chain.

{Choose one}

() Controlled Inventory Management system (Pyxis CII Safe or other management system)

(*) Manual system with routine audits
() Other (please describe): []

5. Additional organizational contact information if different from above
(please indicate preferred type of communication)
{Choose one}
() Fax #:
(*) Email:
() Phone #:

Fax #:
{Enter text answer}
[304-522-3726]

Email:
{Enter text answer}
[delores.blatt@chhi.org]

Phone #:
{Enter text answer}
[304-523-1885]

1. Please fax or email a copy of your controlled substance management policies to: 614-553-5667 or toll free fax: 866-344-8878 or email: QRAHospitals@cardinalhealth.com. Or describe in detail below:
{Enter answer in paragraph form}
[]

Contact's Name:
{Enter text answer}
[Delores Blatt]

Contact's Phone:
{Enter text answer}
[304-523-1885 x37]

Contact's Title:
{Enter text answer}
[RN-Pre/Post Op Manager]

Contact's Email:
{Enter text answer}
[delores.blatt@chhi.org]

Durra, Rebecca

From: WinWatcher <gmb-req-site-visit@cardinalhealth.com>
Sent: Tuesday, November 20, 2012 9:04 AM
To: GMB-QRA-CustomerVisit
Subject: WinWatcher: Proactive QRA Survey completed for DEA#AR2778845 - CABELL HUNTINGTON SURGERY CTR

Attention QRA Team & Survey Delegator

An assigned user has COMPLETED the QRA survey. Please review below

Link:[Go to survey detail in WinWatcher](#)

Survey ID:	4787	Threshold Event:	N
DEA #:	AR2778845	Account Number:	8-103348
Name:	CABELL HUNTINGTON SURGERY CTR		
Address:	1201 HAL GREER BOULEVARD HUNTINGTON , WV 25701		
Contact:	JIM COY	Telephone:	3045231885
ACC:	41		

Survey Status/Investigator

Survey Status:	100-Survey Completed	Last Status Date	11/20/2012
Investigator:	Kave, Jesse	Contact:	Work:(304) 926-4337 Cell:(304) 926-4337
Investigator Assignment:	Kave, Jesse	Contact:	Work:(304) 926-4337 Cell:(304) 926-4337

Link:[Go to survey detail in WinWatcher](#)

Survey Question(s)

Were there long lines waiting at the pharmacy?	No
Were the patients and customers at the pharmacy NOT congruent with the demographics and economics of the area?	No
Were there a significant number of out-of-state and out-of-area vehicles parked outside the pharmacy?	No
Was there any evidence of illicit drug use around the pharmacy (used syringes, empty prescription containers, etc) or suspected illegal drug transactions?	No
Were there any mailing materials or any other evidence of an internet pharmacy?	No
Was the investigator able to determine any other obvious signs of diversion at the pharmacy during the site visit?	No
If any question was answered as yes, explain providing details of your observations. If not	na

answer NA.

Please indicate the amount of time (in hours)
that were spent performing this survey (drive .5
time, investigation, etc)